

LICENSING OPERATIONS DIVISION OCCUPATIONAL LICENSING SECTION

SAFETY INSPECTION REPORT

MOTORCYCLE USED FOR INSTRUCTION				
SCHOOL			DS#	DATE OF INSPECTION
ADDRESS			MAKE OF MOTORCYCLE	
				BODY TYPE
INSURANCE COMPANY NAME				YEAR / MODEL
VEHICLE REGISTERED OWNER				LICENSE PLATE NUMBER
NOTE: A check in the "yes" column indicates requirements and is in safe condition or reverse side of the form, if necessary. Mark	that th opera	ne item iting ord ems that	is a part of or attache er. Remarks should be pertain to type of vehicle l	d to the motorcycle, that it meets legal entered in the space provided or on the being inspected.
EQUIPMENT	YES	NO		REMARKS
1. Foot brake				
2. Hand brake				
3. Clutch adjustment				
4. Speedometer				
5. Headlamp high beam				
6. Headlamp low beam				
7. Automatic headlamp (after 1/1/75)				
8. Tail lamp				
9. Stop light				
10. Turn signal (after 1/1/69)				
11. Battery (after 1/1/71)				
12. High beam indicator				
13. Horn				
14. Mirror				
15. Handlebar height				
16. Operator's seat or saddle				
17. Operator's foot pegs				
18. Passenger seat and foot pegs				
19. Seat height				
20. Tires				
21. Chain adjustment				
22. Wheel alignment				
23. Muffler and exhaust				
24. Windshield (safety glazed 1/1/69)				
CERTIFICATION: I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that I have inspected and tested each of the above items on this motorcycle and have found them to be as shown. SIGNED NAME OF FIRM INSPECTING MOTORCYCLE BAR LICENSE #			the State of California I further certify that conformance with Se under this chapter s	under penalty of perjury under the laws of a that the foregoing is true and correct. If the above described motorcycle is in c. 11109 V.C. which states "Every licensee hall maintain all vehicles used in driver schanical condition at all times."
BUSINESS ADDRESS			DATE	